	TY OF TITU	JSVILLE	No.			interventions '	Violations	Date	9/5/	17	
DI		T OF HEALTH		No. of Repeat Risk Factor/Intervention/Violations on S. Perry St.				Current Expiration 8/25/2017			
	lishment :Go Store :		ation					Phone			
cens			<u> </u>	e of Ins		Est Type		Risk <u>Category</u>	<u>-</u>		
ermi	+#	tine Doverspike		ne Fol		FS RS	PS	1	lium Low		
	CIIIIS	-					<u>~</u>	- /		-	
	Ci-ala desire	FOODBORNE ILLNESS RIS				IC HEALTH			200 U D		
IN	Circle designa I = in compliance	ted compliance status (IN, OUT, N/O, N/A) for OUT = not in compliance N/O = not obser	reacn nur rved N/ A	nbered ite 1 = not a _l	em oplicable	COS = co		appropriate box for C te during inspection		atior	
	٠	Compliance Status	cos								
	I	Demonstration of Knowledge				s Food Time/Tem	perature				
1	IN (OUT)	Certification by accredited program,		16	16 IN OUT N/A N/O Proper cod			ooking time & temperatures			
*	II (0)	compliance with Code, or correct responses		17		UT N/A N/O	 	neating proc for hot ho			
	TAL OLET	Employee Health		18		UT N/A N/O	 '	oling time & temperatu			
2 3	IN OUT	Management awareness; policy present Proper use of reporting, restriction & exclusi-	on	20	_	UT N/A N/O UT N/A	 '	t holding temperatures d holding temperature		-	
	11 001	Good Hygienic Practices	on	2:		UT N/A N/O	† '	te marking & disposition			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		22		UT N/A N/O		ublic health control; p			
	IN OUT N/O	No discharge from eyes, nose, and mouth	Maria de garante			- I	1000				
	Pr	eventing Contamination by Hands				·-· / ·		ner Advisory			
5	IN OUT N/O	Hands clean & properly washed		23	IN OU	JT N/A	undercook	advisory provided for ted foods	raw or		
7	IN OÚT N/A N/O	No bare hand contact with RTE foods or				Hia	hly Susce	ptible Population	s		
		approved alternate method properly follower Adequate handwashing facilities supplied &	a			_		d foods used; prohibit			
3	IN OUT	accessible		24	IN OL	JT N/A	not offere				
	*** ***	Approved Sources						nemical			
•	IN OUT	Food obtained from approved source	- -	25		Л N/A		ives: approved & proper tances properly identifie			
.0	IN OUT N/A N/O	Food received at proper temperature		26	IN OL	JT N/A	used				
1	IN OUT	Food in good condition, safe & unadulterated	_			Conform		Approved Proce			
2	IN OUT N/A N/O	Required records available: shelf stock tags,		l			i Compliand	e with variance, speci	alizeo		
		parasite destruction		27	IN OL	JT N/A		t HACCP plan			
		Protection from contamination					process, 8	HACCP plan			
	IN OUT N/A	Protection from contamination Food separated & protected		R	isk facto	ors are imprope	process, 8	HACCP plan			
.4	IN OUT N/A	Protection from contamination		R	isk facto	ors are imprope	process, 8 r practices o odborne illne	HACCP plan	aith Interventi		
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CITY OF TITUSVIL	LE	D ESTABLISHMENT I	GREASE TRAP IN		Date	9/5/17		
Establishment GetGo Store #	3288	Address/City/State/Zip Code 103 S. Perry St.				Phone		
		TEMPERATURE ÓB	SERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Loc	ation	Temp		
Porish	37							
Turk	36							
WAIK- IN	35							
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Person in Charge (Signa	nture)	llum			(Date:	9/5/17		
Inspector (Signature) _	7000000	Q			Date:	715/17		